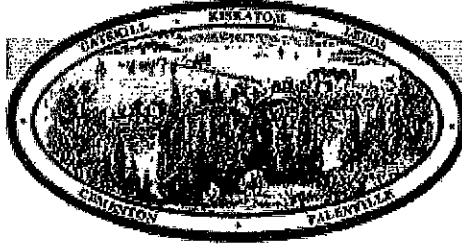


CATSKILL TOWN COURT



WILLIAM R. JACOBS
Town Justice

441 Main Street
Catskill, New York 12414
Telephone (518) 943-2142 ext 2

Fax (518) 943-7652 email: justice@townofcatskillny.gov

FILING FEE: Claim up to \$1,000.- \$10.00
Claim: \$1,000. To \$3,000.-\$15.00

MUST BE IN THE FORM OF A :
Certified Check or Money Order payable to
" Catskill Town Court"

NO PERSONAL CHECKS

SMALL CLAIMS APPLICATION

DATE OF FILING: _____

AMOUNT OF CLAIM: _____

PLAINTIFF: (YOU) NAME: _____

Address: _____

Telephone: _____

DEFENDANT NAME: _____

Address: _____

Telephone: _____

BRIEFLY DESCRIBE REASON FOR CLAIM: _____

Print Name

Signature of Plaintiff

SMALL CLAIMS BOOKLET SUPPLIED BY COURT: READ YOUR BOOKLET !